



Rhode Island Department of Business Regulation
Division of Building, Design & Fire Professionals
STATE BUILDING OFFICE

HOME INSPECTOR NEW LICENSE APPLICATION

Please type or print legibly. Incomplete or unreadable applications will be returned. Please allow 7-10 business days for processing

APPLICANT INFORMATION			
Type of License Requested: New Grandfathered Reciprocity		Fee: Two Hundred (\$200) Dollars	
Name:		Driver's License #:	
Date of Birth:		Rhode Island Resident? Yes No	
Residential Address:			
City:		State:	Zip Code:
Mailing Address (if different):			
City:		State:	Zip Code:
Phone Number:		Cell Phone:	Email:
Have you ever, or do you currently, hold any other professional licenses or registrations in this or any other state? Yes No			
Is yes, provide license type, state(s) and number(s)			
Have you ever been denied, or had any professional licenses or registrations suspended or revoked? Yes No			
If yes, please explain:			
BUSINESS INFORMATION (if applicable)			
Entity Name:		Phone Number:	
Mailing Address (if different):			
City:		State:	Zip Code:
Type of Entity: Individual Sole Proprietor Partnership Corporation LLC			
This entity is currently and properly registered with the Rhode Island Secretary of State: Not applicable Yes No			
Who is the responsible person for this entity?		License #	
Provide Information for Partnership / Corporate Officers			
Name		Address	Date of Birth Driver's License Number

ERRORS AND OMISSION POLICY AND LIABILITY INSURANCE

R.I. Gen. Law § 5-65-10 requires that every licensed home inspector and associate home inspector shall secure, maintain, and file with the board a certificate of insurance for an errors and omissions policy and a certificate of insurance for a general liability policy; both shall be for a minimum amount of five hundred thousand dollars (\$500,000) in the aggregate. These certificates must be valid from the date a license is issued until the license expires. This proof shall be deemed satisfactory if the policy is carried by the corporation, partnership, or franchise for which the home inspector is a contracted employee and the home inspector or associate home inspector is specifically covered by such policy.

ERRORS AND OMISSION POLICY INFORMATION

Policy Holder:

Policy Number:

Insurance Agency Name:

Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

LIABILITY INSURANCE POLICY INFORMATION

Combined with Errors and Omission Policy

Policy Holder:

Policy Number:

Insurance Agency Name:

Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

WORKER'S COMPENSATION INSURANCE

Do you, or does the entity, have or plan to have one (1) or more employees? Yes No

FEID #

If yes, then pursuant to R.I. Gen. Law § 28-29-1, *et seq.*, you are required to provide Workers Compensation Insurance that is recorded with the R.I. Department of Labor and Training and shall remain in effect for as long as one (1) or more persons are employed.

Policy Holder:

Policy Number:

Insurance Agency Name:

Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

AGENT OF SERVICE (Non-resident applicants only)

No license shall be issued to a non-resident applicant until he or she has filed with the Board a power of attorney constituting and appointing a registered agent (an attorney whose office is located within the boundaries of the State of R.I. or a registered agent listed with the R.I. Secretary of State) upon whom all processes in any action or legal proceeding against him or her may be served, and in the power of attorney agrees that any lawful process against him or her which may have been served upon his or her registered agent is of the same force and effect as if served on the non-resident applicant, and that the force continues irrevocably until such time as the Board has been duly notified in writing of any change.

Agent of Service Name: _____ Telephone Number: _____

Address: _____

TAX PAYER STATUS

Pursuant to R.I. Gen. Laws, § 5-79-1, *et seq.*, any person applying for or renewing any license, permit, or other authority to conduct business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator?

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Not applicable Yes No

LICENSING**Associate Home Inspector to Home Inspector**

- Has been engaged as a licensed associate home inspector for no less than one year, and has performed at least one hundred (100) home inspections for compensation, or has been a registered/licensed contractor in good standing in any state for an aggregate of not less than five (5) years; *and*
- Has passed an examination approved or administered by the board. The examination may have been passed before April 1, 2020. Supply certificate.

Date of Licensure as Associate Home Inspector? (must be more than one (1) year)

Associate Home Inspector License Number.

Documentation of at least one hundred inspections for compensation?

Yes No

Documentation provided which shows successful completion of examination?

Yes No

OR

Registered/Licensed contractor for not less than five (5) years?

Yes No

State and date of contractor registration/licensure. (provide documentation)

Documentation provided which shows successful completion of examination?

Yes No

LICENSING**Reciprocity****Reciprocity Clause**

- Holds a valid license issued by another state or possession of the United States or the District of Columbia, which has standards substantially equivalent to those of this state as determined by the board; or
- Is licensed in this state as a state certified real estate appraiser or to practice architecture or professional engineering, provided the person meets the requirements set forth in R.I. Gen. Laws §§ 5-65.1-4(a)(1), (a)(2), and (a)(4)

Out of State Licensure as Home Inspector?

Yes No

Out of State License Number.

OR

Licensed in this state as a state certified real estate appraiser or to practice architecture or professional engineering

Yes No

License Number

LICENSING REQUIREMENTS		
Grandfather Clause (Valid until April 1, 2020)		
Check One		
1		
<ul style="list-style-type: none"> Has passed an examination approved or administered by the board. (The examination may have been passed before April 1, 2020), <i>and</i> Has been engaged in the practice of home inspections for compensation for not less than one year prior to the effective date of this chapter, <i>and</i> Has performed not less than one hundred (100) home inspections for compensation prior to the effective date of this chapter; or 		
Documentation provided which shows successful completion of examination?	Yes	No
Has been engaged in the practice of home inspections since before January 1, 2019	Yes	No
Documentation of more than one hundred (100) inspections for compensation?	Yes	No
OR 2		
<ul style="list-style-type: none"> Has passed an examination approved or administered by the board. (The examination may have been passed before April 1, 2020), <i>and</i> Is a registered/licensed contractor in good standing in any state for an aggregate of not less than five (5) years 		
Documentation provided which shows successful completion of examination?	Yes	No
Is a registered/licensed contractor in good standing in any state for an aggregate of not less than five (5) years	Yes	No
State of registration/licensure?		
Registration/License Number		
Effective Date		
OR 3		
<ul style="list-style-type: none"> Has been engaged in the practice of home inspections for compensation for not less than two (2) years, <i>and</i> Performed not less than one hundred fifty (150) home inspections for compensation prior to the effective date of this regulation. 		
Has been engaged in the practice of home inspections since before January 1, 2018	Yes	No
Documentation of more than one hundred and fifty (150) inspections for compensation?	Yes	No

ACKNOWLEDGEMENTS

(Each box must be checked)

I swear, under the pains and penalties of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies, and/or failure to make full disclosures may be deemed sufficient reason to deny or revoke licensure by the Rhode Island Department of Business Regulation:

That I understand and agree to comply with all laws, rules, regulations, and industry standards to the best of my ability; and

That I shall participate and make good faith efforts to resolve all complaints, violations, and/or contested cases within the jurisdiction of the Board. Failure to do so shall result in the Board taking action against me to the extent allowable by law, including suspension or revocation of my license, without which a home inspector or associate home inspector cannot perform work in the state of RI.

Signature

Date

Print

SUBMISSION

Submit this application, with all supporting documents and fee to:

RI Contractors' Registration and Licensing Board
560 Jefferson Boulevard
Warwick, RI 02886

Make Checks Payable to RI CRLB

OFFICE USE ONLY

Date Received:

Application Complete?

Yes ☐ No ☐

Documentation of Successful Completion of Exam

Not applicable ☐ Yes ☐ No ☐

Documentation of Liability Insurance (\$500,000)

Yes ☐ No ☐

Documentation of Errors and Omission Insurance (\$500,000)

Yes ☐ No ☐

Documentation of Worker's Compensation Insurance

Not applicable ☐ Yes ☐ No ☐

Documentation of at least one hundred (100) home inspections?

Not applicable ☐ Yes ☐ No ☐

Documentation of Agent of Service

Not applicable ☐ Yes ☐ No ☐

Application Approved? Yes ☐ No ☐

License Number Issued:

Type of License Granted: New ☐ Grandfathered ☐ Reciprocity ☐

Fee Submitted: Yes ☐ No ☐

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